

HITPC Meaningful Use Stage 3 Final Recommendations

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Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Discussion	Focus Area	Type	Provider use effort	Standards Maturity	Development Effort
Improving quality and safety								
Clinical Decision Support	<p>Eligible Professionals (EPs)/Eligible Hospitals (EH) Core Objective: Use CDS to improve performance on high-priority health conditions</p> <p>Measure:</p> <ol style="list-style-type: none"> Implement 5 CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital or CAH’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five CDS interventions be related to improving healthcare efficiency. Functionality for drug-drug and drug-allergy interaction checks enabled for the entire EHR reporting period. 	<p>Core: Eligible Professionals/Eligible Hospitals/Critical Access Hospitals demonstrate use of multiple CDS interventions that apply to quality measures in at least 4 of the 6 National Quality Strategy priorities. Recommended intervention areas:</p> <ol style="list-style-type: none"> Preventive care Chronic condition management (e.g., diabetes, coronary artery disease) Appropriateness of lab and radiology orders (e.g., medical appropriateness, cost-effectiveness - high cost radiology) Advanced medication-related decision support* (e.g., renal drug dosing, condition-specific recommendations). Improving the accuracy/completeness of the problem list, medication list, drug allergies Drug-drug and drug-allergy interaction checks <p>CEHRT should have the functionality to enable intervention tools (the intention is not to be overly prescriptive, but to encourage innovation in these areas):</p> <ol style="list-style-type: none"> Ability to track “actionable” (i.e., suggested action is embedded in the alert) CDS interventions and user actions in response to interventions, such as: <ol style="list-style-type: none"> How often an alert has fired What immediate actions the user took (when those options are presented in the context of the alert) Optional reason for overriding alert Perform age-appropriate maximum daily-dose weight based calculation <p>*Kuperman, GJ. (2007) Medication-related clinical decision support in computerized provider order entry systems a review. Journal of the American Medical Informatics Association: JAMIA, 14(1):29-40.</p>		<ul style="list-style-type: none"> CDS Population management Care coordination 	<p>Primary care</p> <p>Specialty (selectively) Relation to CQMs will be more difficult for specialists (less measures available)</p>	Medium	<p>Emerging</p> <p>– Accuracy of allergies: Emerging</p>	High

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Improving quality and safety								
Care Planning – Advance Directive	<p>Menu EH Objective: Record whether a patient 65 years old or older has an advance directive.</p> <p>Measure: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.</p>	<ul style="list-style-type: none"> • Core for Eligible Hospitals, introduce as Menu for Eligible Professionals • Record whether a patient 65 years old or older has an advance directive • Threshold: Medium • Certification Criteria: CEHRT has the functionality to store the document in the record and / or include more information about the document (e.g., link to document or instructions regarding where to find the document or where to find more information about it). 		<ul style="list-style-type: none"> • Patient engagement • Care coordination 	<p>Primary Care</p> <p>Specialty (selectively)</p>	<p>Low</p> <p>May be administered by care team members</p>	Approved	Low
Electronic Notes	<p>Objective: Record electronic notes in patient records.</p> <p>Measure: Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR Measure reporting period. The text of the electronic note must be text searchable and may contain drawings and other content</p>	<ul style="list-style-type: none"> • Core: Eligible Professionals record an electronic progress note, authored by the eligible professional. • Electronic progress notes (excluding the discharge summary) should be authored by an authorized provider of the Eligible Hospital or CAH <ul style="list-style-type: none"> – Notes must be text-searchable – Non-searchable scanned notes do not qualify but this does not mean that all of the content has to be character text. Drawings and other content can be included with text notes under this measure • Threshold: High 		<ul style="list-style-type: none"> • CDS • Care coordination 	<p>Primary Care</p> <p>Specialty</p>	Medium	Adopted	Low
Hospital Labs	<p>EH MENU Objective: Provide structured electronic lab results to ambulatory providers</p> <p>EH MENU Measure: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received</p>	<ul style="list-style-type: none"> • Eligible Hospitals provide structured electronic lab results using LOINC to ordering providers • Threshold: Low 		<ul style="list-style-type: none"> • Care coordination 	Hospitals	<p>Low</p> <p>Patient matching issues, but can ease EP workflow</p>	Adopted	Low (High cost for interfaces though)

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Improving quality and safety								
Order Tracking	**New**	<ul style="list-style-type: none"> • New • Menu: Eligible Professionals • The EHR is able to assist with follow-up on orders to improve the management of results. • Results of specialty consult requests are returned to the ordering provider [pertains to specialists] • Threshold: Low • Certification requirements: <ul style="list-style-type: none"> ○ EHR should display the abnormal flags for test results if it is indicated in the lab-result message ○ Provide ability for ordering provider to optionally indicate a date that the order should be completed by when entering the order, which triggers notification to the ordering provider if the results are not returned by the indicated date ○ Notify ordering provider when results are available or not completed by a certain time ○ Record date and time that results are reviewed and by whom ○ CEHRT should provide the capability to match results (e.g., lab tests, consultation results) with the order in order to accurately results each order or to detect when an order has not been completed 		<ul style="list-style-type: none"> • Patient engagement • Care coordination 	Primary Care Specialty	Medium Involves entire care team	Adopted	High (matching results)
Unique Device Identifier (UDI)	**New**	<ul style="list-style-type: none"> • New • Menu: Eligible Professionals and Eligible Hospitals record the FDA Unique Device Identifier (UDI) when new device is implanted in a patient • Threshold: High 			Primary Care Specialty (selectively)	Low	Emerging	Medium

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Improving quality and safety								
Demographics	<p>EP Objective: Record the following demographics</p> <ul style="list-style-type: none"> • Preferred language • Sex • Race • Ethnicity • Date of birth <p>EH Objective: Record the following demographics</p> <ul style="list-style-type: none"> • Preferred language • Sex • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH <p>Measure: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.</p>	<ul style="list-style-type: none"> • Certification criteria • CEHRT provides the functionality to capture <ul style="list-style-type: none"> ○ Patient preferred method of communication (e.g., online, telephone, letter) ○ Occupation and Industry codes ○ Sexual orientation, gender identity (SOGI) ○ Disability status 	Consider transitioning to more granular HHS Demographic Data Collection standards and SOGI questions and review the upcoming Institute of Medicine report on social determinants of health	<ul style="list-style-type: none"> • CDS • Patient engagement 	<p>Primary Care</p> <p>Specialty (selectively)</p>	Medium	Emerging	High

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Engaging patients and families in their care								
View, Download, Transmit (VDT)	<p>Objective: Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.</p> <p>Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.</p> <p>Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.</p> <ol style="list-style-type: none"> 1. More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge. 2. More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period 	<ul style="list-style-type: none"> • Core: Eligible Professionals/Eligible Hospitals provide patients with the ability to view online, download, and transmit (VDT) their health information within 24 hours if generated during the course of a visit and ensure the functionality is in use by patients. • Threshold for availability: High (i.e., the functionality is available to the majority of patients; it does not require patients to view information online, if they chose not to) • Threshold for use: low <ul style="list-style-type: none"> – Labs or other types of information not generated within the course of the visit should be made available to patients within four (4) business days of information becoming available • Add family history to data available through VDT 	<p>For EHs, the information available within 24 hours is the same as in stage 2 (which was at 36 hours)</p> <p>Preamble: Mobile access to VDT may improve access to underserved populations who do not have access to broadband.</p> <p>Information is not released to the patient until it is signed by the author.</p> <p>Letter of Transmittal: Open Notes discussion</p>	<ul style="list-style-type: none"> • Patient engagement • Care coordination 	<p>Primary Care</p> <p>Specialty</p>	<p>High</p>	<p>Emerging</p>	<p>Medium</p>

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Engaging patients and families in their care								
Patient Generated Health Data	**New**	<ul style="list-style-type: none"> New Menu: Eligible Professionals and Eligible Hospitals receive provider-requested, electronically submitted patient-generated health information through either (at the discretion of the provider): <ul style="list-style-type: none"> structured or semi-structured questionnaires (e.g., screening questionnaires, medication adherence surveys, intake forms, risk assessment, functional status) or secure messaging. Threshold: Low 	FAQ: Although not a part of the certification criteria, if an organization's EHR accepts patient-generated information using interfaces to remote devices, then receipt of such data will satisfy this objective.	<ul style="list-style-type: none"> Patient engagement Care coordination 	<p>Primary Care</p> <p>Specialty</p>	High	<p>Immature (devices)</p> <p>Mature (secure messaging)</p>	High
Visit Summary/ Clinical Summary	<p>EP Objective: Provide clinical summaries for patients for each office visit</p> <p>EP Measure: Clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50 percent of office visits.</p>	<ul style="list-style-type: none"> Core: Eligible Professionals provide office-visit summaries to patients or patient-authorized representatives with relevant, actionable information, and instructions pertaining to the visit in the form/media preferred by the patient Summaries should be shared with the patient according to their preference (e.g., online, printed handout), if the provider has implemented the technical capability to meet the patient preference Threshold: Medium Certification Criteria: CEHRT allows provider organizations to configure the summary reports to provide relevant, actionable information related to a visit. 	HITSC to identify what the communication preferences options should be. Providers should have the ability to select options that are technically feasible, these could include: Email, patient portal, regular mail, etc...	<ul style="list-style-type: none"> Patient engagement Care coordination 	<p>Primary Care</p> <p>Specialty</p>	Medium	Adopted	Medium

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Engaging patients and families in their care								
Patient Education	<p>EP/EH Objective: Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient</p> <p>EP CORE Measure: Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period</p> <p>EH CORE Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient- specific education resources identified by Certified EHR Technology</p>	<ul style="list-style-type: none"> Continue educational material objective from stage 2 for Eligible Professionals and Hospitals <ul style="list-style-type: none"> Threshold: Low Additionally, Eligible Providers and Hospitals use CEHRT capability to provide patient-specific educational material in non-English speaking patient's preferred language, if material is publically available, using preferred media (e.g., online, print-out from CEHRT). <ul style="list-style-type: none"> Threshold: Low, this should be a number and not a percentage Certification criteria: EHRs are capable of providing patient-specific educational materials in at least one non-English language 	<p>Additional information: Expand the InfoButton standard to include disability status.</p> <p>CDS may be used to remind providers about relevant patient-specific education for shared decision making</p>	<ul style="list-style-type: none"> Patient engagement 	<p>Primary Care</p> <p>Specialty</p>	Medium	Adopted	Medium
Secure Messaging	<p>EP Core Objective: Use secure electronic messaging to communicate with patients on relevant health information</p> <p>EP Core Measure: A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period</p>	<ul style="list-style-type: none"> No Change in objective Core: Eligible Professionals Patients use secure electronic messaging to communicate with EPs on clinical matters. Threshold: Low (e.g. 5% of patients send secure messages) Certification criteria: EHRs have the capability to: <ul style="list-style-type: none"> Indicate whether the patient is expecting a response to a message they initiate Track the thread of responses to a patient-generated message (e.g., no response, secure message reply, telephone reply) 		<ul style="list-style-type: none"> Patient engagement 	<p>Primary Care</p> <p>Specialty</p>	Medium	Approved	High (tracking)

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Improving Care Coordination								
Medication Reconciliation	<p>EP/EH CORE Objective: The EP/EH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</p> <p>EP/EH CORE Measure: The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)</p>	<ul style="list-style-type: none"> • No Change • Core: Eligible Professionals, Hospitals, and CAHs who receive patients from another setting of care perform medication reconciliation. • Threshold: No Change 	<p>FAQ: Reconciliation may also be performed for all encounters (instead of just transitions of care)</p>	<ul style="list-style-type: none"> • Care coordination 	<p>Primary Care Specialty</p>	<p>Low</p>	<p>Adopted</p>	<p>Low</p>

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Improving Care Coordination								
<p>Summary of care for transfers of care</p>	<p>EP/EH CORE Objective: The EP/EH/CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides summary care record for each transition of care or referral.</p> <p>CORE Measure:</p> <ol style="list-style-type: none"> The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals. The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. 	<p>Eligible Professionals/Eligible Hospitals/Critical Access Hospitals provide a summary of care record during transitions of care.</p> <p>Types of transitions:</p> <ul style="list-style-type: none"> Transfers of care from one site of care to another (e.g., Hospital to: PCP, hospital, SNF, HHA, home, etc.) Consult (referral) request (e.g., PCP to Specialist; PCP, SNF to ED) [pertains to EPs only] Consult result note (e.g. consult note, ER note) <p>Summary of care may (at the discretion of the provider organization) include, as relevant:</p> <ul style="list-style-type: none"> A narrative that includes a synopsis of current care and expectations for consult/transition or the results of a consult [required for all transitions] Overarching patient goals and/or problem-specific goals Patient instructions, suggested interventions for care during transition Information about known care team members (including a designated caregiver) <p>Threshold: No Change</p>	<p>Although structured data is helpful, use of free text in the summary of care document is acceptable. When structured fields are used, they should be based on standards.</p> <p>Summary of care documents contain data relevant to the purpose of the transition (i.e. not all fields need to be completed for each purpose)</p>	<ul style="list-style-type: none"> Care Coordination 	<p>Primary Care</p> <p>Specialty</p>	<p>High</p>	<p>Adopted</p> <p>Capability listed here is adopted, because only asking for free text. Would like to push further where standards are emerging.</p>	<p>High</p>

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Improving Care Coordination								
Notifications	**New**	<ul style="list-style-type: none"> New Menu: Eligible Hospitals and CAHs send electronic notifications of significant healthcare events within 4 hours to known members of the patient’s care team (e.g., the primary care provider, referring provider, or care coordinator) with the patient’s consent, if required Significant events include: <ul style="list-style-type: none"> Arrival at an Emergency Department (ED) Admission to a hospital Discharge from an ED or hospital Death Low threshold 	FAQ: Modular certification is encouraged; this does not need to be an EHR function	<ul style="list-style-type: none"> Care coordination 	Primary Care Specialty	High	Approved	High

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Population and public health								
Immunization history		<p>Eligible Professionals, Hospitals, and CAHs receive a patient’s immunization history supplied by an immunization registry or immunization information system, allowing healthcare professionals to use structured historical immunization information in the clinical workflow</p> <ul style="list-style-type: none"> Threshold: Low, a simple use case <p>Certification Criteria:</p> <ul style="list-style-type: none"> CEHRT functionality provides ability to receive and present a standard set of structured, externally-generated immunization history and capture the act and date of review within the EP/EH practice. Ability to receive results of external CDS pertaining to a patient’s immunization 		<ul style="list-style-type: none"> Population management CDS 	<p>Primary Care</p> <p>Specialty (selectively)</p>	Medium	Emerging	High
Registries	<p>MENU EP: Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice</p> <p>MENU EP: Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.</p>	<ul style="list-style-type: none"> Menu: Eligible Hospitals / Eligible Professionals Purpose: Electronically transmit data from CEHRT in standardized form (i.e., data elements, structure and transport mechanisms) to one registry Reporting should use one of the following mechanisms: <ol style="list-style-type: none"> Upload information from EHR to registry using standards Leverage national or local networks using federated query technologies 	<p>CEHRT is capable (certification criteria only) of allowing end-user to configure which data will be sent to the registries. Registries are important to population management, but there are concerns that this objective will be difficult to implement.</p>	<ul style="list-style-type: none"> Population management 	<p>Primary Care</p> <p>Specialty (selectively)</p>	High	Emerging	High

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Population and public health								
Electronic lab reporting	<p>Core Objective: Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.</p> <p>Core Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.</p>	<ul style="list-style-type: none"> No Change Core: Eligible Hospitals and CAHs submit electronic reportable laboratory results, for the entire reporting period, to public health agencies, except where prohibited, and in accordance with applicable law and practice 			Hospital	Low	Adopted	Medium
Syndromic Surveillance	<p>EP MENU Objective: Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice</p> <p>EH CORE Objective: Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.</p> <p>EP/EH Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period</p>	<ul style="list-style-type: none"> Eligible Hospitals and CAHs (core) submit syndromic surveillance data for the entire reporting period from CEHRT to public health agencies, except where prohibited, and in accordance with applicable law and practice 		<ul style="list-style-type: none"> Patient engagement Care coordination 	<p>Hospital</p> <p>Primary Care</p> <p>Specialty (selectively)</p>	Medium	Adopted	Low

HIT Policy Committee Member Concerns

While these recommendations were approved by the majority of HITPC members, there were concerns raised by some committee members. Several HITPC members felt that the recommendations had the potential to overly burden providers, while others felt that the recommendations did not go far enough to enable the use of HIT to improve outcomes.

Members concerned with provider burden expressed their desire to wait for attestation experience from stage 2 before proceeding with recommendations on stage 3. The National Coordinator and other members of the committee noted that these initial recommendations start a process of further information gathering that is part of the procedure for developing proposed rules. This was the predominant spirit under which these recommendations were ultimately approved.

The goal for stage 3 has always been to improve outcomes and to achieve that goal, the Meaningful Use program needs to leverage technology to enable interoperability, enable longitudinal care, and capture and manage information to allow people to be fully engaged in their care. Registries, quality measurement, and longitudinal care management are important domains that some members felt should be advanced even further in the recommendations.

Objectives Considered for Inclusion - Not Included in Final Recommendations

Topic	Stage 2 Final Rule	Updated Stage 3 Objective	Discussion	Focus Area	Type	Provider use effort	Standards Maturity	Development Effort
eMAR	<p>Objective: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).</p> <p>Measure: More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.</p>	<ul style="list-style-type: none"> Core: Eligible Hospitals automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR) Threshold: Medium Certification criteria: CEHRT provides the ability to generate report on discrepancies between what was ordered and what/when/how the medication was actually administered to use for quality improvement 		<ul style="list-style-type: none"> CDS 	Hospital	Low	Adopted	High (for additional functionality to track discrepancies)

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Reminders	<p>Objective: Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.</p> <p>Measure: More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.</p>	<ul style="list-style-type: none"> • No Change • Core: Eligible Professionals use relevant data to identify patients who should receive reminders for preventive/follow-up care • Threshold: Low • Reminders should be shared with the patient according to their preference (e.g., online, printed handout), if the provider has implemented the technical capability to meet the patient’s preference 		<ul style="list-style-type: none"> • Patient engagement • Population management 	<p>Primary Care</p> <p>Specialty</p>	Medium	Adopted	Low
Imaging	<p>Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.</p> <p>Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.</p>	<p>Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.</p> <ul style="list-style-type: none"> • Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT. 		<ul style="list-style-type: none"> • Care coordination 	<p>Primary Care</p> <p>Specialty</p>	Low	Adopted	Low

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Family History	<p>Objective: Record patient family health history as structured data.</p> <p>Measure: More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.</p>	<ul style="list-style-type: none"> • No Change in objective • Menu: Eligible Professionals and Hospitals record patient family health history as structured data for one or more first-degree relatives • Threshold: Low • Certification criteria: CEHRT have the capability to take family history into account for CDS interventions 		<ul style="list-style-type: none"> • CDS • Population management 	<p>Primary Care</p> <p>Specialty</p>	Low	Adopted (for structured data capture)	Low
Medication Adherence	**New**	<ul style="list-style-type: none"> • New • Certification Criteria: CEHRT has the ability to: <ol style="list-style-type: none"> 1. Access medication fill information from pharmacy benefit manager (PBM) • Access PDMP data in a streamlined way (e.g., sign-in to PDMP system) 		<ul style="list-style-type: none"> • CDS • Patient engagement 	<p>Primary Care</p> <p>Specialty</p>	High	Immature	High
Amendments	**New**	<ul style="list-style-type: none"> • New • Certification Criteria: Provide patients with an easy way to request an amendment to their record online (e.g., offer corrections, additions, or updates to the record) 		<ul style="list-style-type: none"> • Patient engagement • Care coordination 	<p>Primary Care</p> <p>Specialty</p>	Low	Immature	High

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Case Reports	**New**	<ul style="list-style-type: none"> • New • Certification Criteria: <ul style="list-style-type: none"> – CEHRT is capable of using external knowledge (i.e., CDC/CSTE Reportable Conditions Knowledge Management System) to prompt an end-user when criteria are met for case reporting. – When case reporting criteria are met, CEHRT is capable of recording and maintaining an audit for the date and time of prompt. – CEHRT is capable of using external knowledge to collect standardized case reports (e.g., structured data capture) and preparing a standardized case report (e.g., consolidated CDA) that may be submitted to the state/local jurisdiction and the data/time of submission is available for audit. 		<ul style="list-style-type: none"> • CDS • Population management 	Primary Care Specialty (selectively)	High	Immature	High